

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)

097830418

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		2				
5		1				
6		(1)				
7		(1)				
8		(1)				
9		1				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24		(1)				
25	1	(1)				
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48						
49						
50						
TOTAL IND.	1	1				
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS	1	1	1	1	1	1

NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS			██████████	██████████	██████████	██████████